	•	0 (-15.	-02
			Docket Number	60143P1

		_	1
	Docket Number	60143P1	/
FILING BY "EX	PRESS MAIL" UNDER	37 CFR 1.10	Plan
ET327548757US		January 10, 2002	ο Ξ
Express Mail Label Number		Date of Deposit	26
ATENT APPLICATION	***************************************	11-15 of the birth of the second of the seco	700

Address to: BOX: PATENT APPLICATION
U.S. Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

PLANT PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith	for filing is a	plant natent	application of

Applicant (or identifier): MONICA M.A. SANDERS

E

Title:	AGERATUM PLANT NAMED 'AGETIS'
Enclos	ed are:
3. 🛚	Specification (Including Claims and Abstract) - 7 pages Color Drawings – 1 (2 copies submitted) Declaration and Power of Attorney a. Newly executed (original or copy) b. Copy from a prior application (signed or with indication that original was signed) i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior application
4. [Incorporation By Reference The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5.	Preliminary Amendment
5.	Plant Color Coding Sheet
(. <u> </u>	Assignment Papers (Cover Sheet & Documents(s))
). 	English Translation of Information Disclosure Statement
י. וח ר	Certified Copy of Priority Document(s)
I0. [I1. [∑	Return Receipt Postcard
12.	Application Data Sheet
3.	······································
Filing f	ee calculation:
	efore calculating the filing fee, please enter the enclosed Preliminary Amendment. efore calculating the filing fee, please cancel claims

Basic Filing Fee							\$ 510		
Multiple Dependent Claim Fee (\$270)							\$ 		
Foreign Language Surcharge (\$ 130)						\$ 			
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	1	-20	0	х	\$	18	=	\$ M**
	Independent Claims	1	-3	0	х	\$	80	=	\$
					TC	TAL F	ILING I	FEE	\$ 510

- Please charge Applicant's Credit Card in the amount of \$510.00. A Credit Card Payment Form is enclosed for fee purposes.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR § 1.16 and § 1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 50-1744 in the name of Syngenta.

Please address all correspondence to the address associated with Customer No. 022847, which is currently:

Syngenta Biotechnology, Inc.

Patent Department

P.O. Box 12257

Date: January 10, 2002

Research Triangle Park, NC 27709-2257

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (919) 541-8689.

Respectfully submitted,

Bruce Vrana

Attorney for Applicant

Reg. No. 38,672

Tel. No. (919) 541-8614